104TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
104–652

TRAUMATIC BRAIN INJURY ACT OF 1996

JUNE 27, 1996.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. BLILEY, from the Committee on Commerce, submitted the following

R E P O R T

[To accompany H.R. 248]

[Including cost estimate of the Congressional Budget Office]

The Committee on Commerce, to whom was referred the bill (H.R. 248) to amend the Public Health Service Act to provide for the conduct of expanded studies and the establishment of innovative programs with respect to traumatic brain injury, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike out all after the enacting clause and insert in lieu thereof the following:

SECTION 1. PROGRAMS OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended by inserting after section 393 the following section:

"PREVENTION OF TRAUMATIC BRAIN INJURY

"SEC. 393A. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may carry out projects to reduce the incidence of traumatic brain injury. Such projects may be carried out by the Secretary directly or through awards of grants or contracts to public or nonprofit private entities. The Secretary may directly or through such awards provide technical assistance with respect to the planning, development, and operation of such projects.

"(b) CERTAIN ACTIVITIES.—Activities under subsection (a) may include—

"(1) the conduct of research into identifying effective strategies for the prevention of traumatic brain injury; and

"(2) the implementation of public information and education programs for the prevention of such injury and for broadening the awareness of the public concerning the public health consequences of such injury.

"(c) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding traumatic brain injury.

"(d) DEFINITION.—For purposes of this section, the term 'traumatic brain injury' means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.".

SEC. 2. PROGRAMS OF NATIONAL INSTITUTES OF HEALTH.

Section 1261 of the Public Health Service Act (42 U.S.C. 300d–61) is amended—

(1) in subsection (d)—

(A) in paragraph (2), by striking "and" after the semicolon at the end;

(B) in paragraph (3), by striking the period and inserting "; and"; and

(C) by adding at the end the following paragraph:

"(4) the authority to make awards of grants or contracts to public or nonprofit private entities for the conduct of basic and applied research regarding traumatic brain injury, which research may include—

"(A) the development of new methods and modalities for the more effective diagnosis, measurement of degree of injury, post-injury monitoring and prognostic assessment of head injury for acute, subacute and later phases of care;

"(B) the development, modification and evaluation of therapies that retard, prevent or reverse brain damage after acute head injury, that arrest further deterioration following injury and that provide the restitution of function for individuals with long-term injuries;

"(C) the development of research on a continuum of care from acute care through rehabilitation, designed, to the extent practicable, to integrate rehabilitation and long-term outcome evaluation with acute care research; and

"(D) the development of programs that increase the participation of academic centers of excellence in head injury treatment and rehabilitation research and training."; and

(2) in subsection (h), by adding at the end the following paragraph:

"(4) The term 'traumatic brain injury' means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.".

SEC. 3. PROGRAMS OF HEALTH RESOURCES AND SERVICES ADMINISTRATION.

Part E of title XII of the Public Health Service Act (42 U.S.C. 300d–51 et seq.) is amended by adding at the end the following section:

"SEC. 1252. STATE GRANTS FOR DEMONSTRATION PROJECTS REGARDING TRAUMATIC BRAIN INJURY.

"(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for the purpose of carrying out demonstration projects to improve access to health and other services regarding traumatic brain injury.

"(b) STATE ADVISORY BOARD.—

"(1) IN GENERAL.—The Secretary may make a grant under subsection (a) only if the State involved agrees to establish an advisory board within the appropriate health department of the State or within another department as designated by the chief executive officer of the State.

"(2) FUNCTIONS.—An advisory board established under paragraph (1) shall advise and make recommendations to the State on ways to improve services coordination regarding traumatic brain injury. Such advisory boards shall encourage citizen participation through the establishment of public hearings and other types of community outreach programs. In developing recommendations under this paragraph, such boards shall consult with Federal, State, and local governmental agencies and with citizens groups and other private entities.

"(3) COMPOSITION.—An advisory board established under paragraph (1) shall be composed of—

"(A) representatives of—

"(i) the corresponding State agencies involved;

"(ii) public and nonprofit private health related organizations;

"(iii) other disability advisory or planning groups within the State;

"(iv) members of an organization or foundation representing traumatic brain injury survivors in that State; and

"(v) injury control programs at the State or local level if such programs exist; and

"(B) a substantial number of individuals who are survivors of traumatic brain injury, or the family members of such individuals.

"(c) MATCHING FUNDS.—

"(1) IN GENERAL.—With respect to the costs to be incurred by a State in carrying out the purpose described in subsection (a), the Secretary may make a grant under such subsection only if the State agrees to make available, in cash, non-Federal contributions toward such costs in an amount that is not less than $1 for each $2 of Federal funds provided under the grant.

"(2) DETERMINATION OF AMOUNT CONTRIBUTED.—In determining the amount of non-Federal contributions in cash that a State has provided pursuant to paragraph (1), the Secretary may not include any amounts provided to the State by the Federal Government.

"(d) APPLICATION FOR GRANT.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

"(e) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding traumatic brain injury.

"(f) REPORT.—Not later than 2 years after the date of the enactment of this section, the Secretary shall submit to the Committee on Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings and results of the programs established under this section, including measures of outcomes and consumer and surrogate satisfaction.

"(g) DEFINITION.—For purposes of this section, the term 'traumatic brain injury' means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.

"(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $5,000,000 for each of the fiscal years 1997 through 1999.".

SEC. 4. STUDY; CONSENSUS CONFERENCE.

(a) STUDY.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the "Secretary"), acting through the appropriate agencies of

the Public Health Service, shall conduct a study for the purpose of carrying out the following with respect to traumatic brain injury:

(A) In collaboration with appropriate State and local health-related agencies—

(i) determine the incidence and prevalence of traumatic brain injury; and

(ii) develop a uniform reporting system under which States report incidents of traumatic brain injury, if the Secretary determines that such a system is appropriate.

(B) Identify common therapeutic interventions which are used for the rehabilitation of individuals with such injuries, and shall, subject to the availability of information, include an analysis of—

(i) the effectiveness of each such intervention in improving the functioning of individuals with brain injuries;

(ii) the comparative effectiveness of interventions employed in the course of rehabilitation of individuals with brain injuries to achieve the same or similar clinical outcome; and

(iii) the adequacy of existing measures of outcomes and knowledge of factors influencing differential outcomes.

(C) Develop practice guidelines for the rehabilitation of traumatic brain injury at such time as appropriate scientific research becomes available.

(2) DATES CERTAIN FOR REPORTS.—

(A) Not later than 18 months after the date of the enactment of this Act, the Secretary shall submit to the Committee on Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings made as a result of carrying out paragraph (1)(A).

(B) Not later than 3 years after the date of the enactment of this Act, the Secretary shall submit to the Committees specified in subparagraph (A) a report describing the findings made as a result of carrying out subparagraphs (B) and (C) of paragraph (1).

(b) CONSENSUS CONFERENCE.—The Secretary, acting through the Director of the National Center for Medical Rehabilitation Research within the National Institute for Child Health and Human Development, shall conduct a national consensus conference on managing traumatic brain injury and related rehabilitation concerns.

(c) DEFINITION.—For purposes of this section, the term "traumatic brain injury" means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.

(d) AUTHORIZATIONS OF APPROPRIATIONS.—For the purpose of carrying out subsection (a)(1)(A), there is authorized to be appropriated $3,000,000 for each of the fiscal years 1997 through 1999. For the purpose of carrying out the other provisions of this section, there is authorized to be appropriated an aggregate $500,000 for the fiscal years 1997 through 1999. Amounts appropriated for such other provisions remain available until expended.

SEC. 5. TECHNICAL AMENDMENTS.

Title XXVI of the Public Health Service Act (42 U.S.C. 300ff–11 et seq.), as amended by Public Law 104–146 (the Ryan White CARE Act Amendments of 1996), is amended—

(1) in section 2626—

(A) in subsection (d), in the first sentence, by striking "(1) through (5)" and inserting "(1) through (4)"; and

(B) in subsection (f), in the matter preceding paragraph (1), by striking "(1) through (5)" and inserting "(1) through (4)"; and

(2) in section 2692—

(A) in subsection (a)(1)(A)—

(i) by striking "title XXVI programs" and inserting "programs under this title"; and

(ii) by striking "infection and"; and

(B) by striking subsection (c) and all that follows and inserting the following:

"(c) AUTHORIZATION OF APPROPRIATIONS.—

"(1) SCHOOLS; CENTERS.—For the purpose of grants under subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1996 through 2000.

"(2) DENTAL SCHOOLS.—For the purpose of grants under subsection (b), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1996 through 2000.".

PURPOSE AND SUMMARY

The purpose of this legislation is to expand the efforts to identify methods of preventing traumatic brain injury; expand biomedical research efforts to prevent or minimize the severity of dysfunction as a result of such an injury; and to improve the delivery and quality of services through State demonstration projects.

To achieve these goals, H.R. 248 authorizes:

1. The Centers for Disease Control and Prevention to establish projects to prevent and reduce the incidence of traumatic brain injury;
2. The National Institutes of Health to award grants to conduct basic and applied research on developing new methods for more effective diagnosis, therapies, and continuum of care; and
3. The Health Resources and Services Administration to make grants to States to carry out demonstration programs to improve access to services regarding traumatic brain injury.

BACKGROUND AND NEED FOR LEGISLATION

Traumatic brain injury (TBI) is defined as brain damage from some externally inflicted trauma to the head that results in significant impairment to an individual's physical, psychosocial, and/or cognitive functional abilities. TBI has become the number one killer and cause of disability of young people in the United States. Motor vehicle accidents, sports accidents, falls, and increasing violence are the major causes of traumatic brain injury. Long known as the silent epidemic, TBI can strike anyone—infant, youth, or elderly person—without warning and with devastating results. TBI affects the whole family and often results in huge medical and rehabilitation expenses over a lifetime.

An estimated 1.9 million Americans experience traumatic brain injuries each year. About half of these cases result in at least short-term disability, and 52,000 people die as a result of their injuries. The direct medical costs for treatment of TBI have been estimated at more than $4 billion annually.

Every year, over 90,000 people sustain severe brain injuries leading to irreversible debilitating loss of function. Because of the serious consequences of TBI and the failure of human services systems and educational programs to meet their needs properly, people with TBI want to be identified as people with brain injuries, not to be labeled as having some other disability. This is extremely important if appropriate services are to be developed and targeted and prevention efforts are to be conducted.

The Committee believes there needs to be more research to find ways to repair damaged brain cells, improve memory loss, and improve cognitive functions. TBI is different from other disabilities due to the severity of cognitive loss. Most rehabilitation programs are designed for people with physical disabilities, not cognitive disabilities which require special accommodations. In most States, there is no central point of referral and no central authority to coordinate and target appropriate services. The bill provides author-

ity for the conduct of basic and applied research with respect to TBI.

The Committee believes that as TBI is identified as a unique form of brain injury, public awareness will increase and more effective prevention policies inside and outside of government can be adopted. The Committee recognizes the need for coordination of TBI services at the Federal and State levels and has authorized establishment of programs to promote such activities.

HEARINGS

The Committee on Commerce has not held hearings on the legislation.

COMMITTEE CONSIDERATION

On June 6, 1996, the Subcommittee on Health and Environment met in open markup session and approved H.R. 248 for Full Committee consideration, as amended, by a voice vote.

On June 13, 1996, the Committee on Commerce met in open markup session and ordered H.R. 248 reported to the House, as amended, by a voice vote, a quorum being present.

ROLLCALL VOTES

Clause 2(l)(2)(B) of rule XI of the Rules of the House requires the Committee to list the recorded votes on the motion to report legislation and amendments thereto. There were no recorded votes taken in connection with ordering H.R. 248 reported or in adopting the amendment. The voice votes taken in Committee are as follows:

Bill: H.R. 248, a bill to amend the Public Health Service Act to provide for the conduct of expanded studies and the establishment of innovative programs with respect to traumatic brain injury, and for other purposes.

Amendment: Amendment offered by Mr. Greenwood re: provide specified dollar amounts for the authorization of appropriations.

Disposition: Agreed to, by a voice vote.

Motion: Motion by Mr. Bliley to order H.R. 248, as amended, reported to the House.

Disposition: Agreed to, by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 2(l)(3)(A) of Rule XI of the Rules of the House of Representatives, the Committee has not held oversight or legislative hearings on this legislation.

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

Pursuant to clause 2(l)(3)(D) of rule XI of the Rules of the House of Representatives, no oversight findings have been submitted to the Committee by the Committee on Government Reform and Oversight.

NEW BUDGET AUTHORITY AND TAX EXPENDITURES

In compliance with clause 2(l)(3)(B) of rule XI of the Rules of the House of Representatives, the Committee states that H.R. 248

would result in no new or increased budget authority or tax expenditures or revenues.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 403 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 2(l)(3)(C) of rule XI of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 403 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, June 25, 1996.

Hon. THOMAS J. BLILEY, Jr.,
Chairman, Committee on Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 248, as ordered reported by the House Committee on Commerce on June 13, 1996. Because enactment of H.R. 248 would not affect direct spending or receipts, pay-as-you-go procedures would not apply to the bill.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

JUNE E. O'NEILL, *Director.*

Enclosure.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: H.R. 248.
2. Bill title: None.
3. Bill status: As ordered reported by House Committee on Commerce on June 13, 1996.
4. Bill purpose: H.R. 248 would amend several parts of the Public Health Service Act to provide for the conduct of expanded studies and the establishment of innovative programs with respect to traumatic brain injury. It would also make technical corrections to the Ryan White Care Act.
5. Estimated cost to the Federal Government: The following table shows discretionary spending under H.R. 248. Authorizations of appropriations would total $24.5 million for fiscal years 1997 through 1999. No additional appropriations would be authorized for fiscal years after 1999.

[By fiscal years, in millions of dollars]

	1997	1998	1999	2000	2001	2002
Section 3—Grants to States (Health Resources and Services Administration):						
Budget authority	5.0	5.0	5.0	.....	.....	.....
Outlays	1.8	3.5	5.0	3.3	1.5	.....

[By fiscal years, in millions of dollars]

	1997	1998	1999	2000	2001	2002
Section 4, Part (a)(1)(A)—Study (Centers for Disease Control and Prevention):						
Budget authority	3.0	3.0	3.0	.....	.....	.....
Outlays	1.1	2.2	2.8	1.9	1.0	.....
Section 4, Parts (a)(1)(B) and (a)(1)(C)—Study (National Institutes of Health) and Part (b)—Consensus Conference (National Institutes of Health):						
Budget authority	0.5	.....	.....	.....	.....	.....
Outlays	0.2	0.3	.....	.....	.....	.....
Total:						
Budget authority	8.5	8.0	8.0	.....	.....	.....
Outlays	3.0	6.0	7.8	5.2	2.5	.....

The costs of this bill would fall within budget function 550.

Estimated budget authority under Section 4, parts (a)(1)(B), (a)(1)(C), and (b), is based on language in H.R. 248; however, CBO expects the $500,000 specified in this bill would be insufficient to carry out the study and consensus conference required under these parts. CBO estimates the cost of conducting the conference under part (b) would be $250,000. If only $500,000 budget authority were provided for all of the parts and sub-parts specified above, only $250,000—slightly more than the amount of one average NIH grant—would be available for completing all of the research required under sub-parts (a)(1)(B) and (a)(1)(c), including research to (1) identify and analyze common therapeutic interventions, and (2) develop practice guidelines for the rehabilitation of individuals with TBI.

6. Basis of the estimate: H.R. 248 would authorize new spending by the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH). Estimated spending under this bill would be subject to the availability of appropriated funds.

Section 1 of this bill would authorize projects to reduce the incidence of traumatic brain injury (TBI), where such projects could be carried out directly by the CDC, or through grants and contracts made by that agency to public and nonprofit private entities. CBO estimates that this section would entail no significant costs because (1) current law is sufficiently broad to authorize projects for reducing the incidence to TBI, (2) the CDC already allocates appropriated funds to pay for staff salaries, projects, and grants related to TBI prevention; and (3) the bill would not require spending on such projects.

Section 2 would provide authority to the NIH to make awards to public or nonprofit private entities for the conduct of basic and applied research regarding traumatic brain injury. As with Section 1, CBO estimates that this section would entail no significant costs because current law is already sufficiently broad to authorize research regarding TBI and because H.R. 248 would not require such research.

Section 3 would authorize HRSA to make grants to states for the purpose of carrying out demonstration projects to improve access to health and other services for the assessment and treatment of traumatic brain injury. Such grants could be made only where states

establish an advisory board regarding TBI and contribute at least $1 in cash for each $2 in federal funds provided under the grant. This section would also require a report describing the findings and results of programs completed under such grants to states.

CBO assumes that the amounts authorized in Section 3 would be appropriated as specified ($5 million for each of fiscal years 1997 through 1999). The report required under this section would be due two years following the date of enactment of this legislation, before authorized demonstration projects would be completed. Estimated outlays under this section are based on historical spending patterns for HRSA.

Section 4 of H.R. 248 would require the completion of a study and the conduct of a national consensus conference regarding traumatic brain injury. CBO assumes that the CDC would perform, together with state and local health-related agencies, parts of the study related to TBI incidence and prevalence and to the development of a uniform reporting system. The NIH would conduct the consensus conference and complete parts of the study related to therapeutic interventions and practice guidelines.

For this section, CBO assumes (1) that amounts authorized for parts of the study performed by the CDC would be appropriated as specified ($3 million for each of the fiscal years 1997 through 1999), and (2) that the $500,000 authorized for the rest of the study and consensus conference would be appropriated in full in fiscal year 1997. Estimated outlays are based on historical spending patterns for both CDC and NIH.

Section 5 would make technical corrections to the Ryan White Care Act. CBO estimates that this section would have no budgetary impact.

7. Pay-as-you-go considerations: None.

8. Estimated cost to State, local and tribal governments: H.R. 248 contains no intergovernmental mandates as defined in P.L. 104–4. However, the bill would authorize funding for various state-related projects. For fiscal years 1997 through 1999, the bill would authorize the annual appropriation of:

> $5 million for grants to states, with a $2.5 million state match, for the purpose of carrying out demonstration projects that would improve access to health and other services regarding traumatic brain injury; and
>
> $3 million for the Secretary of Health and Human Services to conduct a study in collaboration with state and local health-related agencies to determine the incidence and prevalence of traumatic brain injury and to develop a uniform reporting system.

If the federal government decides to carry out the projects to prevent traumatic brain injury or research on these injuries as permitted under this bill, state and local institutions may receive the grant or contract to carry out these activities.

9. Estimated impact on the private sector: None.

10. Previous estimate: None.

11. Estimate prepared by: Federal Cost Estimate: Jennifer Jenson. State and Local Cost Estimate: John Patterson.

12. Estimate approved by: Paul N. Van de Water, Assistant Director for Budget Analysis.

INFLATIONARY IMPACT STATEMENT

Pursuant to clause 2(l)(4) of rule XI of the Rules of the House of Representatives, the Committee finds that the bill would have no inflationary impact.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act are created by this legislation.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Programs of Centers for Disease Control and Prevention

Section 1 amends the Public Health Service Act by adding to the Program on the Prevention and Control of Injuries a provision regarding the prevention of traumatic brain injury (TBI). This provision authorizes the Centers for Disease Control and Prevention to carry out projects to reduce the incidence of TBI. Such projects may include research to identify strategies for, and public information and education programs on, the prevention of such injury. The Secretary shall ensure that these activities are carried out in coordination with other Public Health Service agencies that carry out activities regarding TBI.

This section also defines the term "traumatic brain injury" as an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Committee hopes that the inclusion of this definition in statute will begin to give people with TBI and their families increased recognition and support. A definition is also necessary because the term has been used in Federal and State statutes without a clear definition of its meaning. The terms congenital brain damage, head injury, organic brain damage, minimal brain dysfunction, acquired brain injury, and a host of other terms, have been used to define the injured brain without consistency of definition.

Section 2. Programs of National Institutes of Health

Section 2 authorizes the National Institutes of Health to make awards to conduct basic and applied research regarding traumatic brain injury. Such research may include:

1. the development of new methods for more effective diagnosis, measurement of degree of injury, post-injury monitoring, and prognostic assessment of head injury;
2. the development, modification, and evaluation of therapies that retard, prevent, or reverse brain damage after head injury, that arrest further deterioration following injury, and that provide restoration of function;
3. the development of research on a continuum of care from acute care through rehabilitation; and
4. the development of programs that increase the participation of academic centers of excellence in head injury treatment and rehabilitation research and training.

Section 3. Programs of Health Resources and Services Administration

Section 3 authorizes the Health Resources and Services Administration to make grants to carry out demonstration projects to improve access to health and other services regarding TBI. This program is authorized at $5 million for each of Fiscal Years 1997 through 1999. To be eligible for such a grant, a State must establish an advisory board to advise and make recommendations on ways to improve services coordination regarding TBI.

In addition, a grant may be awarded only if the State agrees to make available, in cash, an amount that is not less than a $1 for each $2 of Federal funds provided. No funds provided to the State by the Federal government may be included in determining the State's contribution.

The Secretary of Health and Human Services (the Secretary) is required to submit a report on this grant program to the appropriate Committees of Congress not later than 2 years after enactment. The report shall include the findings and results of the program, including measures of outcome and consumer satisfaction.

Section 4. Study; consensus conference

Section 4 authorizes the Secretary to determine the incidence and prevalence of TBI and to develop a uniform reporting system. The bill authorizes $3 million for each of Fiscal Years 1997 through 1999 to carry out these activities. The Secretary is also required to report on the findings of these activities to the appropriate Committees of Congress, not later than 18 months after enactment.

This section also authorizes the Secretary to conduct a study to identify common therapeutic interventions which are used for the rehabilitation of individuals with such injuries, an analysis of the effectiveness of such interventions, and the adequacy of existing measures of outcomes. The Secretary is also authorized to issue practice guidelines, if appropriate scientific research becomes available. The Secretary is required to report on the findings of this study not later than three years after enactment.

In addition, this section directs the Secretary, acting through the National Center for Medical Rehabilitation Research within the National Institute of Child Health and Human Development, to conduct a national consensus conference on managing TBI and related rehabilitation concerns. The bill authorizes an aggregate of $500,000 for the Fiscal Years 1997 through 1999 to conduct the study and carry out the consensus conference.

Section 5. Technical amendments

Section 5 makes technical amendments to the Ryan White CARE Act Amendments of 1996.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * * * *

PART J—PREVENTION AND CONTROL OF INJURIES

* * * * * * *

PREVENTION OF TRAUMATIC BRAIN INJURY

SEC. 393A. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may carry out projects to reduce the incidence of traumatic brain injury. Such projects may be carried out by the Secretary directly or through awards of grants or contracts to public or nonprofit private entities. The Secretary may directly or through such awards provide technical assistance with respect to the planning, development, and operation of such projects.

(b) CERTAIN ACTIVITIES.—Activities under subsection (a) may include—

(1) the conduct of research into identifying effective strategies for the prevention of traumatic brain injury; and

(2) the implementation of public information and education programs for the prevention of such injury and for broadening the awareness of the public concerning the public health consequences of such injury.

(c) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding traumatic brain injury.

(d) DEFINITION.—For purposes of this section, the term "traumatic brain injury" means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.

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TITLE XII—TRAUMA CARE

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Part E—Miscellaneous Programs

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SEC. 1252. STATE GRANTS FOR DEMONSTRATION PROJECTS REGARDING TRAUMATIC BRAIN INJURY.

(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for the purpose of carrying out demonstration projects to improve access to health and other services regarding traumatic brain injury.

(b) STATE ADVISORY BOARD.—

(1) IN GENERAL.—The Secretary may make a grant under subsection (a) only if the State involved agrees to establish an advisory board within the appropriate health department of the State or within another department as designated by the chief executive officer of the State.

(2) FUNCTIONS.—An advisory board established under paragraph (1) shall advise and make recommendations to the State on ways to improve services coordination regarding traumatic brain injury. Such advisory boards shall encourage citizen participation through the establishment of public hearings and other types of community outreach programs. In developing recommendations under this paragraph, such boards shall consult with Federal, State, and local governmental agencies and with citizens groups and other private entities.

(3) COMPOSITION.—An advisory board established under paragraph (1) shall be composed of—

(A) representatives of—

(i) the corresponding State agencies involved;

(ii) public and nonprofit private health related organizations;

(iii) other disability advisory or planning groups within the State;

(iv) members of an organization or foundation representing traumatic brain injury survivors in that State; and

(v) injury control programs at the State or local level if such programs exist; and

(B) a substantial number of individuals who are survivors of traumatic brain injury, or the family members of such individuals.

(c) MATCHING FUNDS.—

(1) IN GENERAL.—With respect to the costs to be incurred by a State in carrying out the purpose described in subsection (a), the Secretary may make a grant under such subsection only if the State agrees to make available, in cash, non-Federal contributions toward such costs in an amount that is not less than $1 for each $2 of Federal funds provided under the grant.

(2) DETERMINATION OF AMOUNT CONTRIBUTED.—In determining the amount of non-Federal contributions in cash that a State has provided pursuant to paragraph (1), the Secretary may not include any amounts provided to the State by the Federal Government.

(d) APPLICATION FOR GRANT.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(e) COORDINATION OF ACTIVITIES.—The Secretary shall ensure that activities under this section are coordinated as appropriate with other agencies of the Public Health Service that carry out activities regarding traumatic brain injury.

(f) REPORT.—Not later than 2 years after the date of the enactment of this section, the Secretary shall submit to the Committee on Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings and results of the programs established under this section, including measures of outcomes and consumer and surrogate satisfaction.

(g) DEFINITION.—For purposes of this section, the term "traumatic brain injury" means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.

(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $5,000,000 for each of the fiscal years 1997 through 1999.

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PART F—INTERAGENCY PROGRAM FOR TRAUMA RESEARCH

SEC. 1261. ESTABLISHMENT OF PROGRAM.

(a) * * *

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(d) CERTAIN ACTIVITIES OF PROGRAM.—The Program shall include—

(1) studies with respect to all phases of trauma care, including prehospital, resuscitation, surgical intervention, critical care, infection control, wound healing, nutritional care and support, and medical rehabilitation care;

(2) basic and clinical research regarding the response of the body to trauma and the acute treatment and medical rehabilitation of individuals who are the victims of trauma; **[**and**]**

(3) basic and clinical research regarding trauma care for pediatric and geriatric patients**[**.**]***; and*

(4) the authority to make awards of grants or contracts to public or nonprofit private entities for the conduct of basic and applied research regarding traumatic brain injury, which research may include—

(A) the development of new methods and modalities for the more effective diagnosis, measurement of degree of injury, post-injury monitoring and prognostic assessment of head injury for acute, subacute and later phases of care;

(B) the development, modification and evaluation of therapies that retard, prevent or reverse brain damage after acute head injury, that arrest further deterioration following injury and that provide the restitution of function for individuals with long-term injuries;

(C) the development of research on a continuum of care from acute care through rehabilitation, designed, to the extent practicable, to integrate rehabilitation and long-term outcome evaluation with acute care research; and

(D) the development of programs that increase the participation of academic centers of excellence in head injury treatment and rehabilitation research and training.

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(h) DEFINITIONS.—For purposes of this section:

(1) * * *

* * * * * * *

(4) The term "traumatic brain injury" means an acquired injury to the brain. Such term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning. The Secretary may revise the definition of such term as the Secretary determines necessary.

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TITLE XXVI—HIV HEALTH CARE SERVICES PROGRAM

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PART B—CARE GRANT PROGRAM

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Subpart II—Provisions Concerning Pregnancy and Perinatal Transmission of HIV

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SEC. 2626. PERINATAL TRANSMISSION OF HIV DISEASE; CONTINGENT REQUIREMENT REGARDING STATE GRANTS UNDER THIS PART.

(a) * * *

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(d) DETERMINATION BY SECRETARY.—Not later than 180 days after the expiration of the 18-month period beginning on the date on which the system is implemented under subsection (c), the Secretary shall publish in the Federal Register a determination of whether it has become a routine practice in the provision of health care in the United States to carry out each of the activities described in paragraphs **[**(1) through (5)**]** *(1) through (4)* of section 2627. In making the determination, the Secretary shall consult

with the States and with other public or private entities that have knowledge or expertise relevant to the determination.

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(f) LIMITATION REGARDING AVAILABILITY OF FUNDS.—With respect to an activity described in any of paragraphs [(1) through (5)] *(1) through (4)* of section 2627, the requirements established by a State under this section apply for purposes of this section only to the extent that the following sources of funds are available for carrying out the activity:

(1) Federal funds provided to the State in grants under part B or under section 2625, or through other Federal sources under which payments for routine HIV testing, counseling or treatment are an eligible use.

(2) Funds that the State or private entities have elected to provide, including through entering into contracts under which health benefits are provided. This section does not require any entity to expend non-Federal funds.

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PART F—DEMONSTRATION AND TRAINING

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Subpart II—AIDS Education and Training Centers

SEC. 2692. HIV/AIDS COMMUNITIES, SCHOOLS, AND CENTERS.

(a) SCHOOLS; CENTERS.—

(1) IN GENERAL.—The Secretary may make grants and enter into contracts to assist public and nonprofit private entities and schools and academic health science centers in meeting the costs of projects—

(A) training health personnel, including practitioners in [title XXVI programs] *programs under this title* and other community providers, in the diagnosis, treatment, and prevention of HIV [infection and] disease, including the prevention of the perinatal transmission of the disease and including measures for the prevention and treatment of opportunistic infections;

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[(c) DEFINITION.—For purposes of this section:

[(1) The term "HIV disease" means infection with the human immunodeficiency virus, and includes any condition arising from such infection.

[(2) The term "human immunodeficiency virus" means the etiologic agent for acquired immune deficiency syndrome.

[(d) AUTHORIZATION OF APPROPRIATIONS.—

[(1) SCHOOLS; CENTERS.—For the purpose of grants under subsection (a), there is authorized to be appropriated $23,000,000 for each of the fiscal years 1993 through 1995.

[(2) DENTAL SCHOOLS.—For the purpose of grants under subsection (b), there is authorized to be appropriated $7,000,000 for each of the fiscal years 1993 through 1995.

[(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 1996 through 2000.]

(c) AUTHORIZATION OF APPROPRIATIONS.—

(1) SCHOOLS; CENTERS.—For the purpose of grants under subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1996 through 2000.

(2) DENTAL SCHOOLS.—For the purpose of grants under subsection (b), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1996 through 2000.

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